

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000049

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 5018 Registrar's No. 27

FILED JAN 24 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK  
OR  
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platte Township		c. CITY OR TOWN RFD # 1, Rea	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles east of Rea		d. STREET ADDRESS (If outside, give location) 2 miles east	
3. NAME OF DECEASED (Type or print) First Middle Last Gay Allen		4. DATE OF DEATH Month Day Year January 18, 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-8-68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY private home	11. BIRTHPLACE (City and state or country) Andrew County, Mo.
13a. FATHER'S NAME John Allen		13b. MOTHER'S MAIDEN NAME Elizabeth Knappenberger	12. CITIZEN OF WHAT COUNTRY U S A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of no		16. SOCIAL SECURITY NO.	
17. INFORMANT Paul A. Clark, RFD # 1, Rea, Mo.		14. NAME OF HUSBAND OR WIFE - - - -	
18. CAUSE OF DEATH (Enter only one cause per PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis, anemia, Hypostatic pneumonia			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION County STATE	
21. I attended the deceased from June - 1950 to Jan 18, 1963 and last saw her alive on Jan 18 - 1963 Death occurred at 9:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Jack L. Barnes D.O.	(Describe or title)	22b. ADDRESS King City, Mo.	22c. DATE SIGNED 1-19-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-20-63	23c. NAME OF CEMETERY OR CREMATORY Whitesville Cemetery	23d. LOCATION (City, town, or county) Whitesville, Mo.
24. FUNERAL DIRECTOR Breit & Hawkins Savannah		25. DATE RECD. BY LOCAL REG. 1-22-1963	26. REGISTRAR'S SIGNATURE Lester S. Williams

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.